## FOR INSTRUCTIONS, SEE BACK OF FORM

## **DISCLOSURE SUMMARY PAGE**

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Poset Form

Parties must be filed electronically.

2010 JU 20 711 9:05

	incise in	7111	
COMMITTEE NAME (Must be same as on Stateme	nt of Organization)		
Humboldt Count	y Democratic Con	24 62	FORM
IMPORTANT: Indicate by # type of committee you are rep			DR-2 DISCLOSURE
(1) Statewide/Legislative/Judge Standing for Retention Ca	andidate (2)State PAC (3)State Party	1 1.	Rev. 12/2009) REPORT
(4)County Central Committee (5)County Candidate (6) Subdivision Candidate (8)County PAC (9)City PAC (1	City Candidate (7) School Board or Other Politic  O) School Board or Other Political Subdivision PA	ic ( F	or Office Use Only
11 ) Local Ballot Issue		l lo	omm. #
CANDIDATE COMMITTEES ONLY:		Lo	ogged In MVV
Candidate Name	Political Party (if applicable)		canned
		-	omputer
Office Sought	District (if Senate or House)	A	udited
Late reports are subject to possible civil and criminal per candidate's committee, and the chairperson, for any other	nalties. Pursuant to lowa Code sections 68B.32 er type of committee, is the individual responsit	A(7) and 68.  ble for filing to	A.401(3), the candidate, for a imely and accurate reports.
John J. Enchson SIGNATURE OF PERSON FILING REPORT	(5 <u>15)332 407</u>	.J	07.16.10
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	_	DATE SIGNED
IAM FILING A 05.01.10 - 07.	19 (0) 257275274 5074 515270	N (ONION	ELECTION VEAD
			ELECTION YEAR.
(report date)	Indicate by	y# [/]	
☐CHECK IF AMENDMENT TO REPORT DATED _		1	mittees, enter Date of Election
Charles this is final (Association) associated and alternation	h Making of Dissolution Forms DD 2	Nov	// 2 a / a
Check if this is final (termination) report and attaction (You must continue to file reports until a DF		County & L	Local Committees, enter County in
,	,	170	tion is held mbold+
STATEMENT OF CASH O	N HAND		
CASH ON HAND at the beginning of the reporting po			
committee. This amount MUST he the san	ne as the cash on hand at the end if this is first report filed.)	\$	2350.44
ADD TOTAL MONEY TAKEN IN THIS PE			
Schedule A: Cash Contributions total (Atta	ach Schedule A) (*also see in-kind below)		
	Schedule F)		O
	perty (Attach Schedule H)		
(Schedule H applies to Candida			
<u> </u>	SUB-TOTAL	\$	2350,44
SUBTRACT TOTAL MONEY SPENT THIS	S PERIOD		
Schedule B: Expenditures total (Attach Sc	hedule B) (**also see debts and loans below	v)	100.00
	ch Schedule F)		<u> </u>
CASH ON HAND at the end of this reporting period	(if final report balance must be zero)	\$	2350.44
**UNPAID BILLS (From Schedule D - Attach Sched	ule D)	\$	
*IN KIND CONTRIBUTIONS (From Schedule E - At	•		
**OUTSTANDING LOANS (From Schedule F - Attac			
CONSULTANT BREAKDOWN (Schedule G Attache		,	YES NO
CANDIDATE COMMITTEES ONLY:	,		
	ule H - Attach Schedule H\	\$	
VALUE OF CAMPAIGN PROPERTY (From Schedu	ne 11 - Attach Schedule 11)	Φ	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

AAAAATTEE MAAAE	/8 ft		
COMMITTEE NAME	IMUSI DA SAN	ie as on Statem	ent of Omenizetion

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/23/10	ID# 50 (	4th Distict Democratic Conven	Delegate Fees tion	\$ 100.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
-	ID#			
	ID#			·
	ID#			
	ID#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 100.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

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